

## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

COVER PAGE				
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement	overs From: 01/01/07	to 12/31/0	)7
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.			
137216	Epley Sonya K 4a. Office Sought Including District # or Community Served (If applicable)			
2. Committee Name		подану выпос# от сонтине	y derved (ii applit	Julio)
Committee to Elect Sonya Epley	None 4b. County of Residence Macomb			
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address			
20834 Atlantic Ave	Sonya Epley			
Warren, Michigan 48091	20834 Atlantic Ave			
	4b. County of Residence Macomb  6. Treasurer's Name & Residential Address  Sonya Epley 20834 Atlantic Ave  Warren, Michigan 48091			
Area Code and Phone (586) 295-5888	Of the second se			
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone (586) 295-5888			
7. Treasurer's Business Address	8. Designated Record keeper's Name and Malling Address (If the committee has a Designated Record keeper)			
N/A	N/A			
A Code and Phone	Area Code and Pl	hone		
Area Code and Phone	Area Code and Pi			
Coverage Veer)				
Pre-Election or Post-Election Statement relates to:		9d. Amendment to Campa or 9e to indicate which	ign Statement (Co Statement is beir	omplete Item 9a, 9b, 9c ng amended)
Primary	ge. Dissolution of Candidate Committee			
	Effective Date of Dissolution			
Convention	nool			
Special	cus	By checking this item. I\\\Ve cer	tify that the comm	- nittee has no assets or
Date of Election, Convention or Caucus	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for			
	•	the Reporting Waiver. Note: The disposition of residu- 1B and the Summary Page.	al funds must be	reported on Schedule
A committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, expe	equired Campaign S	Statements. The Campaign Statements the S	ements must incl 1,000 Reporting	ude all applicable Waiver threshold.
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany before the filling deadline of a required campaign statement, t	ged since the inform his Campaign State hat campaign state	ation was snown on the commit ment. If a request for a Repor ement cannot be waived.	ting Waiver is n	ot received on or
10. Verification: I\We certify that all reasonable diligence was used my\our knowledge and belief the contents are true, accurate and c	in the preparation complete.	of this statement and attached so	chedules (if any) a	and to the best of
Current Treasurer or Designated Record keeper Sonya Epley	<u>, , , , ) (                            </u>		Date	2/9/2009
Type or Print Name	Signature	.2"		
Candidate Sonya Epley	<u> </u>		Date	2/9/2009
Type or Print Name	Signature	<del>]                                    </del>		
Authority granted under P.A. 388 of 1976		- Action		



## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

1. Committee I.D. Number <u>137216</u>

SUMMARY PAGE ANDIDATE COMMITTEE 2. Committee Name CTE Sonya Epley (2007 Statement)

CANDIDATE COMMITTEE	z. Committee Name	Column II
RECEIPTS	Column I This Period	Cumulative this election cycle
3, Contributions	0.00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	\$0.00
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	(18.) \$ \$0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$0.00
IN-KIND CONTRIBUTIONS & EXPENDITURES	<b>#0.00</b>	\$0.00
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00 \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures	<b>#0.00</b>	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$0.00	-
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	. #0.00
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$0.00	(23.) \$ \$0.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <b>\$0.00</b>	-
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <b>\$0.</b> 00	_
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	_ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	-
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$0.00</u>	<del></del>
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ \$0.00	<del></del>
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$0.00</u>	— <del>—</del>
16. Amount expended during reporting period	(16.) - \$ \$0.00	<del></del>
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$0.00	*
(Subtract line to nonline to)		